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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ADENA HEALTH SYSTEM

Doing business as
ADENA REGIONAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) 272 HOSPITAL RD
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CHILLICOTHE, OH 45601

D Employer identification number
31-4379443

E Telephone number
(740) 779-4478

G Gross receipts $ 422,937,856

F Name and address of principal officer
LISA CARLSON
272 HOSPITAL RD
CHILLICOTHE, OH 45601

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ADENA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1895

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
"TO CARE, TO HEAL, TO EDUCATE " THE REPORTING ORGANIZATION IS A REGIONAL HEALTHCARE SYSTEM WITH ONE HOSPITAL AND SEVERAL AMBULATORY CENTERS, IN ADDITION TO MULTIPLE PHYSICIAN PRACTICES AHS OFFERS A WIDE SCOPE OF DIAGNOSTIC AND REHABILITATIVE SERVICES BOTH FOR INPATIENTS AND OUTPATIENTS, INCLUDING COMPREHENSIVE CARDIOLOGY AND CANCER CARE FURTHERMORE, AHS IS THE SOLE MEMBER OF TWO CRITICAL ACCESS HOSPITALS, ADENA PIKE MEDICAL CENTER AND ADENA GREENFIELD MEDICAL CENTER, THAT FILE SEPARATELY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	3,159
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	619,395	788,168
9	Program service revenue (Part VIII, line 2g)	422,296,219	408,415,410
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,405,739	2,180,196
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,675,562	11,554,082
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	437,996,915	422,937,856

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	496,434	562,077
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	231,139,642	229,977,764
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	194,336,482	183,278,092
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	425,972,558	413,817,933
19	Revenue less expenses Subtract line 18 from line 12	12,024,357	9,119,923

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	474,400,163	485,156,474
21	Total liabilities (Part X, line 26)	230,428,958	228,637,469
22	Net assets or fund balances Subtract line 21 from line 20	243,971,205	256,519,005

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2017-11-08
Signature of officer Date

LISA CARLSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Bernie Ostrowski	Bernie Ostrowski	2017-11-08		P00366367

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 250 S High St Suite 100
Columbus, OH 43215 — Phone no (614) 849-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO CARE, TO HEAL, TO EDUCATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 388,425,310 including grants of $ 562,077) (Revenue $ 414,153,188)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 388,425,310

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	230		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,159		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶SHARON WISECUP VP SYSTEM FINANCE 272 HOSPITAL ROAD CHILLICOTHE, OH 456019031 (740) 779-4478

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								12,007,523	0	453,105

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 17

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
APOGEE MEDICAL MANAGEMENT 2525 E CAMELBACK RD PHOENIX, AZ 85016	HOSPITALIST STAFF	6,055,551
CAPTIVE RADIOLOGY 6273 FRANK AVENUE NW NORTH CANTON, OH 44720	MRI SERVICES	2,936,780
PRECYSE SOLUTIONS LLC PO BOX 11407 BIRMINGHAM, AL 35246	TRANSCRIPTION & CODING	2,620,298
STRATEGIC SOURCING INC 3938 N HAMPTON DR POWELL, OH 43065	IT CONSULTING	1,692,777
ECONOMY LINEN & TOWEL SERVICE 5087 HOWARD ST ZANESVILLE, OH 43701	LINEN SERVICE	1,164,549

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d	444,744			
	e Government grants (contributions)	1e	30,647			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	312,777			
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f . . . . . ▶		788,168			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	622110	408,415,410	408,415,410		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		408,415,410			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,983,509			1,983,509
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	318,303				
	b Less rental expenses	0				
	c Rental income or (loss)	318,303				
	d Net rental income or (loss) . . . . . ▶		318,303			318,303
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	196,687				
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	196,687				
	d Net gain or (loss) . . . . . ▶		196,687			196,687
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a FOOD & NUTRITION	722514	1,872,015	1,872,015		
	b EHR IMPLEMENTATION	622110	1,800,009	1,800,009		
	c CONSULTING FEES	900099	924,117	924,117		
	d All other revenue		6,639,638	1,141,637		5,498,001
	e **Total.** Add lines 11a–11d . . . . . ▶		11,235,779			
	12 Total revenue. See Instructions . . . . . ▶		422,937,856	414,153,188	0	7,996,500

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	562,077	562,077		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,967,005	5,591,090	375,915	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	179,631,102	170,349,440	9,281,662	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	33,757,022	31,369,358	2,387,664	
10 Payroll taxes	10,622,635	9,953,420	669,215	
11 Fees for services (non-employees)				
a Management	27,315		27,315	
b Legal	1,266,645		1,266,645	
c Accounting	102,007		102,007	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,449,492	54,875,835	8,573,657	
12 Advertising and promotion				
13 Office expenses	5,407,355	5,087,897	319,458	
14 Information technology				
15 Royalties				
16 Occupancy	8,060,611	7,552,811	507,800	
17 Travel	2,429,679	2,009,348	420,331	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,256,724	7,736,559	520,165	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,002,938	19,680,183	1,322,755	
23 Insurance	2,218,100	2,218,100		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	64,731,586	64,662,320	69,266	
b BAD DEBT EXPENSE	13,488,176	13,488,176		
c OVERHEAD ALLOCATION	-7,162,536	-6,711,304	-451,232	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	413,817,933	388,425,310	25,392,623	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	11,558	1	11,658
	2	Savings and temporary cash investments	38,845,736	2	74,914,778
	3	Pledges and grants receivable, net	10,064,834	3	5,215,234
	4	Accounts receivable, net	70,844,246	4	52,869,504
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	29,367	5	8,989
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,226,267	8	5,640,546
	9	Prepaid expenses and deferred charges	5,324,627	9	11,210,480
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 384,051,993			
	b	Less accumulated depreciation — 10b: 249,011,201	140,284,819	10c	135,040,792
	11	Investments—publicly traded securities	178,112,976	11	188,239,938
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	25,655,733	15	12,004,555
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	474,400,163	16	485,156,474
Liabilities	17	Accounts payable and accrued expenses	48,599,526	17	51,452,745
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	163,805,430	20	158,764,005
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	500,000	23	500,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,524,002	25	17,920,719
	26	**Total liabilities.** Add lines 17 through 25	230,428,958	26	228,637,469
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	242,393,189	27	254,709,236
	28	Temporarily restricted net assets	1,578,016	28	1,809,769
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	243,971,205	33	256,519,005
	34	Total liabilities and net assets/fund balances	474,400,163	34	485,156,474

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	422,937,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	413,817,933
3	Revenue less expenses Subtract line 2 from line 1	3	9,119,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,971,205
5	Net unrealized gains (losses) on investments	5	8,462,817
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,034,940
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	256,519,005

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 31-4379443

Name: ADENA HEALTH SYSTEM

Form 990 (2016)

Form 990, Part III, Line 4a:

HEALTH CARE PROGRAMS, GENERAL/OTHER ROUTINE HOSPITAL SERVICES ADENA REGIONAL MEDICAL CENTER PROVIDED CARE FOR 9,859 INPATIENTS AND TREATED 47,799 EMERGENCY VISITS IN 2016 EMERGENCY SERVICES - TREATMENT OF EMERGENCY ACCIDENT AND ILLNESS AS WELL AS LESS URGENT CONDITIONS IN THE ABSENCE OF A FAMILY PHYSICIAN THERE WERE 77,064 EMERGENT AND URGENT VISITS IN 2016 PHYSICIAN OFFICES THERE WERE 396,455 PHYSICIAN OFFICE VISITS IN 2016

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN BURKHARDT TRUSTEE/CHAIRMAN	2 00 0 00	X		X				0	0	0
VIRGINIA WETTERSTEN TRUSTEE/VICE CHAIR	2 00 0 00	X		X				0	0	0
TOM WHITE TRUSTEE/SECRETARY	2 00 0 00	X		X				0	0	0
JOSEPH SULZER TRUSTEE/TREASURER	2 00 0 00	X		X				0	0	0
MIKE LILLY TRUSTEE	2 00 2 00	X						0	0	0
DAVE STRICKLAND TRUSTEE	2 00 0 00	X						0	0	0
RALPH D'ANTONI TRUSTEE	2 00 0 00	X						0	0	0
JERRY PHILLIPS TRUSTEE	2 00 0 00	X						0	0	0
WILBUR SEVER JAN-SEPT TRUSTEE/EMPLOYED M D	50 00 0 00	X						699,685	0	29,821
GAIL TAYLOR TRUSTEE	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE WATSON TRUSTEE	2 00 0 00	X						0	0	0
NOBLE YOSHIDA TRUSTEE	2 00 0 00	X						0	0	0
HAVAL SAADLLA JAN-SEPT TRUSTEE	50 00 0 00	X						1,161,321	0	30,331
BARTOW HENSHAW TRUSTEE	2 00 0 00	X						0	0	0
WILLIAM STRAUCH SEPT-DEC TRUSTEE	2 00 0 00	X						513,381	0	28,299
REGGINA YANDILA SEPT-DEC TRUSTEE	2 00 0 00	X						264,703	0	29,387
ROBERT ROSENBERGER CHIEF FINANCIAL OFFICER (JAN-OCT)	46 00 4 00			X				368,157	0	37,792
MARK SHUTER CHIEF EXECUTIVE OFFICER (JAN-OCT)	46 00 4 00			X				810,195	0	31,755
LISA CARLSON CFO	40 00 0 00			X				0	0	0
JAY JUSTICE INTERIM CHRO (FEB-OCT)	40 00 0 00			X				229,508	0	3,152

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN FORTNEY INTERIM CEO	46 00 4 00			X				439,134	0	30,401
ERIC CECAVA CHIEF OPERATING OFFICER	45 00 0 00				X			389,007	0	30,971
MARTHA LIVINGSTON CHIEF BUSINESS DEVLOPMENT	45 00 0 00				X			267,753	0	22,997
ERIC PERDUE CHIEF HUMAN RESOURCES	45 00 0 00				X			221,076	0	532
TIM CAHILL GENERAL COUNSEL	50 00 0 00				X			287,342	0	40,305
BRIAN COHEN EMPLOYED M D	50 00 0 00					X		2,826,193	0	29,831
THOMAS LEWIS EMPLOYED M D	50 00 0 00					X		852,766	0	30,333
NEIL GHANY EMPLOYED M D	50 00 0 00					X		931,788	0	34,989
JAMES MANAZER EMPLOYED M D	50 00 0 00					X		900,711	0	30,031
KELLY GALLINA EMPLOYED M D	50 00 0 00					X		844,803	0	12,178

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ADENA HEALTH SYSTEM	31-4379443

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		3,132
j	Total Add lines 1c through 1i			3,132
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	THE OHIO HOSPITAL ASSOCIATION DOES LOBBYING ON BEHALF OF HOSPITAL RELATED CAUSES THIS ACTIVITY IS PAID FOR THROUGH DUES PAID TO THE OHIO HOSPITAL ASSOCIATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,321,696	1,305,508	1,219,218	1,149,935	1,050,463
b Contributions	-43,583	44,539	34,077	-2,887	22,085
c Net investment earnings, gains, and losses	54,095	-6,351	52,213	77,350	89,484
d Grants or scholarships	500	22,000		5,180	12,097
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,331,708	1,321,696	1,305,508	1,219,218	1,149,935

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		No
(ii) related organizations . . . . . 3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		2,648,975		2,648,975
b Buildings		175,160,468	89,092,701	86,067,767
c Leasehold improvements				
d Equipment		196,439,616	154,082,966	42,356,650
e Other		9,802,934	5,835,534	3,967,400
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				135,040,792

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED MALPRACTICE INSURANCE - LT	9,087,619
DEFERRED COMPENSATION LIABILITY	8,539,274
INTERCOMPANY PAYABLE	293,826
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	17,920,719

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-4379443
Name: ADENA HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
Part V, Line 4	ADENA HEALTH FOUNDATION ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND PURCHASE CAPI TAL FOR ADENA HEALTH SYSTEM THESE FUNDS ARE HELD BY ADENA HEALTH SYSTEM AND ARE ADMINISTE RED BY ADENA HEALTH FOUNDATION

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,778,161	8,256,270	521,891	0 130 %
b Medicaid (from Worksheet 3, column a)			81,576,163	51,445,405	30,130,758	7 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			90,354,324	59,701,675	30,652,649	7 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			652,428		652,428	0 160 %
f Health professions education (from Worksheet 5)			875,269		875,269	0 220 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			1,527,697		1,527,697	0 380 %
k **Total.** Add lines 7d and 7j			91,882,021	59,701,675	32,180,346	8 040 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			17,603		17,603	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			77,500		77,500	0 020 %
10 Total			95,103		95,103	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 13,488,176		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	76,030,420
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70,546,292
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	5,484,128
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a		No
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ADENA REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www adena org/inside/page dT/CHNA			
b	☑ Other website (list url) http //rosscountyhealth org/healthassessment pdf			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW ADENA ORG/FILES/RESOURCES/ROSS-IS-2016 DOCX			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ADENA REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) http //www adena org/inside/page dT/financial-aid			
b ☑ The FAP application form was widely available on a website (list url) www adena org/files/resources/adenafinaidformfinal pdf			
c ☐ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ADENA REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ADENA REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☑ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**	Yes	
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **17**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 7	THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CONVERT CHARGES TO COSTS IN LINE 7A AND 7B ACTUAL COSTS WERE USED IN LINE 7E & 7F

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	BAD DEBT EXPENSE OF $13,488,176 WAS DEDUCTED FROM TOTAL OPERATING EXPENSES WHEN CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
Part II, Community Building Activities	ADENA HEALTH SYSTEM SUPPORTS COMMUNITY BUILDING ACTIVITIES BY PROVIDING GRANTS TO THE FOLLOWING ORGANIZATIONS CHILLICOTHE CAVALIER CLUB- GRANT PROVIDED TO INSTALL A SCOREBOARDUNITED WAY OF ROSS COUNTY- GRANT PROVIDED TO SUPPORT RELAY FOR LIFEMIGHTY CHILDREN'S MUSEUM- GRANT PROVIDED TO BUILD A CHILDREN'S MUSEUM TO ENCOURAGE LEARNING AND CREATIVITYROSS COUNTY AGRICULTURAL SOCIETY- GRANT PROVIDED TO SUPPORT FREE RIDE DAY AT THE ROSS COUNTY FAIR AND TO PROVIDE A STAGE FOR THE HEALTHY KIDS EVENTLITTLE BLESSINGS- GRANT PROVIDED TO KNIT HATS FOR NEWBORNSOHIO UNIVERSITY FOUNDATION- CAPITAL CAMPAIGN FOR OHIO UNIVERSITYROSS COUNTY CHILD PROTECTION CENTER- GRANT PROVIDED TO SUPPORT ADVOCATES FOR CHILDREN OF ABUSE AND NEGLECT

Form and Line Reference	Explanation
Part III, Line 2	THE BAD DEBT EXPENSE LISTED ON PART III, LINE 2 IS DERIVED FROM THE FINANCIAL STATEMENTS MINUS THE PRESUMPTIVE CHARITY AMOUNT THAT WAS RECLASSED TO SCHEDULE H, PART I, LINE 7A

Form and Line Reference	Explanation
Part III, Line 3	THE HOSPITAL DEVELOPED, WITH THE HELP OF AN OUTSIDE VENDOR, A NEW PRESUMPTIVE CHARITY POLICY THE HOSPITAL SENDS A QUARTERLY FILE OF ALL SELF-PAY BALANCES TO THE VENDOR AFTER THE VENDOR PERFORMS THE CREDIT ANALYSIS, THE VENDOR CATEGORIZES THE CLAIMS INTO THREE CATEGORIES, A CATEGORY THAT WOULD NOT BE ELIGIBLE FOR CHARITY BASED ON THE HOSPITALS CHARITY POLICY, A GROUP THAT WOULD BE ELIGIBLE FOR A 60% CHARITY WRITEOFF, AND A THIRD CATEGORY THAT WOULD BE ELIGIBLE FOR A 100% WRITE OFF AFTER THE VENDOR RETURNS THIS DATA, A REPORT OF RECEIPTS ON THESE SELF PAY BALANCES IS RUN, THE PAYMENTS RECEIVED SINCE THE FILE WAS SENT TO THE VENDOR IS USED TO REDUCE THE POTENTIAL PRESUMPTIVE CHARITY THE REMAINING AMOUNT IS USED AS OUR PRESUMPTIVE CHARITY FOR SCHEDULE H, PART III, LINE 3

Form and Line Reference	Explanation
Part III, Line 4	WE DO NOT HAVE SEPARATE FINANCIAL STATEMENTS FOR ADENA REGIONAL MEDICAL CENTER IT IS INCLUDED IN THE CONSOLIDATED STATEMENTS OF ADENA HEALTH SYSTEM THE FOOTNOTE IN OUR FINANCIAL STATEMENTS INCLUDES THE FOLLOWING ABOUT OUR BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLES "AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE SYSTEM'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS ESTABLISHED BASED ON EXPECTED PAYMENT RATES FROM PAYORS UTILIZING CURRENT REIMBURSEMENT METHODOLOGIES AND PAYMENT RATES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRDPARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE "

Form and Line Reference	Explanation
Part III, Line 8	THE HOSPITAL MEDICARE ADVANTAGE PLAN AND THE PHYSICIAN MEDICARE ADVANTAGE PLAN INCURRED A SHORTFALL OF <$15,925,627> IN 2016 THIS SHORTFALL COMBINED WITH THE LONGFALL FROM TRADITIONAL MEDICARE SOURCES OF $5,484,128 RESULTS IN A NET MEDICARE SHORTFALL OF <$10,441,499> THE ADENA HEALTH SYSTEM SERVICE AREA IS A RURAL 13 COUNTY AREA IN SOUTHERN OHIO ADENA HEALTH SYSTEM HAS EVALUATED THE COMMUNITY HEALTH NEEDS AND HAS IMPORTANT PROGRAMS AND SERVICES THAT ARE DESIGNED TO MEET THE NEEDS OF ADENA'S BROAD SERVICE AREA HOWEVER, ONE OF THE MOST SIGNIFICANT HEALTH NEEDS MET BY ADENA IS THE IDENTIFICATION OF PHYSICIAN AND ADVANCED PRACTICE PROVIDERS FOR EACH SPECIALTY OF CARE ADENA RECRUITS, SUPPORTS, AND PROVIDES THE INFRASTRUCTURE FOR PROVIDERS IN SPECIALTIES RANGING FROM PRIMARY CARE TO INTERVENTIONAL CARDIOLOGY IN ADENA'S RURAL, APPALACHIAN SERVICE AREA, PHYSICIAN AND OTHER KEY CLINICAL AND SUPPORT STAFF ARE DIFFICULT TO RECRUIT AND RETAIN WHICH ELEVATES THE MARKET SALARY FOR SPECIALIZED STAFF THE MEDICARE TWO PERCENT SEQUESTRATION IS ALSO A COMPONENT OF THE SHORTFALL CALCULATION BASED ON THESE ISSUES, WE BELIEVE SERVICE TO OUR MEDICARE POPULATION IS A COMMUNITY BENEFIT ALSO, THE HOSPITAL USED THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT WHEN DETERMINING THE AMOUNT ON PART III - LINE 6

Form and Line Reference	Explanation
Part III, Line 9b	ADENA HEALTH SYSTEM HAD A DEBT COLLECTION POLICY, HOWEVER, THIS WAS NOT WRITTEN UNTIL TAX YEAR 2017

Form and Line Reference	Explanation
Part VI, Line 3	THE AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN THE FOLLOWING MANNER 1 STATEMENTS FROM ADENA AS WELL AS COLLECTION VENDORS EXPLAIN AND LIST THE 100% AND 60% ASSISTANCE GUIDELINES ON THE BACKSIDE OF THE STATEMENT 2 THERE IS SIGNAGE EXPLAINING THE PROGRAM AT ALL THE REGISTRATION AREAS 3 STAFF AT THE CASHIER AREA EXPLAIN OPTIONS AVAILABLE TO THE PATIENT 4 WE SEND AN APPLICATION WITH THE SELF-PAY DISCOUNT LETTERS IN CASE THE PATIENT/GUARANTOR CAN'T SET UP A PAYMENT PLAN 5 THE CUSTOMER SERVICE STAFF IS EDUCATED ON ALL THE OPTIONS AND CAN EXPLAIN THE PROGRAMS WHEN PATIENTS CALL 6 OUR PHYSICIAN OFFICES, AS WELL AS COLLECTION VENDORS HAVE FINANCIAL AID APPLICATIONS AVAILABLE 7 LASTLY, WE DO A CREDIT SCORING IN ORDER TO DETERMINE "PRESUMPTIVE CHARITY " IN 2015, ALL SELF-PAY PATIENTS WERE SCORED

Form and Line Reference	Explanation
Part VI, Line 4	ROSS COUNTY, HOME TO ADENA REGIONAL MEDICAL CENTER, IS LOCATED IN SOUTH CENTRAL OHIO IT IS PART OF 2 CONGRESSIONAL DISTRICTS (2ND AND THE 15TH) AND ONE OF OHIO'S 32 APPALACHIAN COUNTIES IT CONTAINS THE POPULATION PATTERNS AND DISTINCT ECONOMIC CONDITIONS INHERENT OF THIS REGION OF THE U S AND FACES SIMILAR CHALLENGES TO IMPROVE THE LIVES OF ITS 77,000 RESIDENTS THESE INCLUDE LOW EDUCATIONAL ATTAINMENT PERCENTAGES AND HIGH RATES OF UNEMPLOYMENT AND POVERTY THE TOTAL POPULATION OF ROSS COUNTY REPRESENTS 15% OF THE TOTAL ADENA HEALTH SYSTEM SERVICE REGION AND IS THE PRIMARY PLACE OF RESIDENCE FOR 80% OF THE PATIENTS IT SERVES THE COUNTY, AS WELL AS THE REMAINDER OF THE 12 COUNTY SERVICE REGION, HAS SIMILAR DEMOGRAPHICS AS THE STATE OF OHIO AND U S OVER 64% OF THE POPULATION IS BETWEEN THE AGES OF 19 AND 64 AND 13% OF THE POPULATION IS OVER THE AGE OF 65 THE MAJORITY OF THE POPULATION IS WHITE WITH AFRICAN AMERICANS MAKING UP THE MAJORITY OF THE REGION'S MINORITY POPULATION THE 28,269 HOUSEHOLDS IN ROSS COUNTY REPRESENT 14 7% OF THE HOUSEHOLDS IN ADENA HEALTH SYSTEM'S 12-COUNTY SERVICE REGION THE AVERAGE HOUSEHOLD SIZE IS 2 54 PEOPLE, COMPARABLE WITH THE REST OF OHIO AND THE U S THE AVERAGE FAMILY SIZE IS AS WELL WITH 3 05 PEOPLE A LITTLE MORE THAN 50% OF THE POPULATION IS NOW MARRIED WHICH IS COMPARABLE WITH OHIO AND NATIONAL AVERAGES MORE THAN 14% ARE DIVORCED WHICH IS NOTICEABLY HIGHER THAN BOTH THE STATE AND NATIONAL AVERAGES MORE THAN 15% OF THE ADULTS IN ROSS COUNTY HAVE NOT GRADUATED FROM HIGH SCHOOL THIS PERCENTAGE IS HIGHER THAN BOTH THE OHIO (12 2%) AND NATIONAL (14 6%) AVERAGES, BUT IS LOWER THAN THE AVERAGE FOR THE 12-COUNTY SERVICE REGION (18 9%) MORE THAN 10% OF THE POPULATION OF ROSS COUNTY IS ESTIMATED TO BE FUNCTIONALLY ILLITERATE, OR LACKING THE READING AND WRITING SKILLS SUFFICIENT FOR ORDINARY PRACTICAL NEEDS THE UNEMPLOYMENT RATE IN ROSS COUNTY (4 8%) IS COMPARABLE TO THE U S AVERAGE IN ADDITION, MORE THAN 45% OF THE POPULATION IS NOT IN THE WORKFORCE THIS IS HIGHER THAN THE STATE AND NATIONAL AVERAGES THE TOP FIVE EMPLOYMENT INDUSTRIES IN ROSS COUNTY ARE MANAGEMENT/PROFESSIONAL OCCUPATIONS, EDUCATION/HEALTHCARE SERVICES, SALES, PRODUCTION/TRANSPORTATION SERVICES, AND SERVICE OCCUPATIONS ROSS COUNTY HAS MORE PEOPLE EMPLOYED IN PRODUCTION, TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS THAN THE REGIONAL, STATE AND NATIONAL AVERAGES THE COUNTY HAS ABOUT HALF AS MANY PROFESSIONAL, SCIENTIFIC AND MANAGEMENT SERVICES PROFESSIONALS AS OHIO AND THE U S THE PER CAPITA, MEDIAN AND MEAN HOUSEHOLD INCOMES IN ROSS COUNTY OHIO ARE MUCH LOWER THAN THE STATE AND U S AVERAGES, BUT HIGHER THAN REGIONAL AVERAGE POVERTY RATES ARE ALSO HIGHER THAN STATE AND NATIONAL AVERAGES BUT LOWER THAN THE REST OF THE REGION ACCESS TO EMPLOYMENT IN ROSS COUNTY IS HIGHER THAN OTHER COUNTIES IN THE REGION THERE ARE 6,348 CIVILIAN VETERANS LIVING IN ROSS COUNTY, ACCOUNTING FOR ALMOST 8% OF THE REGION'S POPULATION THE TOTAL CIVILIAN VETERANS WITHIN THE ADENA HEALTH SYSTEM 12-COUNTY SERVICE REGION REPRESENT 5% OF OHIO'S TOTAL CIVILIAN VETERAN POPULATION ROSS COUNTY ALSO HAS A VETERAN'S ADMINISTRATION HOSPITAL LOCATED 4 5 MILES FROM ADENA REGIONAL MEDICAL CENTER ROSS COUNTY AND ITS ENTIRE SURROUNDING SERVICE REGION HAVE A HIGHER PREVALENCE OF DISABILITY THAN THE REST OF OHIO SEVEN OF THE 12 COUNTIES IN THE SERVICE REGION HAVE DISABILITY PREVALENCE RATES OF 16 7% - 22% ROSS COUNTY'S PREVALENCE RATE IS 13 5%

Form and Line Reference	Explanation
Part VI, Line 5	ADENA REGIONAL MEDICAL CENTER WORKS TO PROMOTE THE HEALTH OF ITS COMMUNITY THROUGH A VARIETY OF MEANS, INCLUDING BOARD MEMBERS, ADMINISTRATIONS, EMPLOYEES AND VOLUNTEERS THE 2016 BOARD OF TRUSTEES OF ADENA HEALTH SYSTEM WAS COMPRISED OF 15 MEMBERS ONE OF THE BOARD MEMBERS WAS AN EMPLOYEE OF ADENA HEALTH SYSTEM AT THE END OF THE YEAR ALL BUT ONE MEMBER OF THE BOARD MEMBERS RESIDE IN ROSS COUNTY OHIO

Form and Line Reference	Explanation
Part VI, Line 6	FOUNDED IN 1895, ADENA HEALTH SYSTEM IS AN INDEPENDENT, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION BASED IN CHILLICOTHE, OH THE HEALTH SYSTEM INCLUDES THREE HOSPITALS AND SIX REGIONAL CLINICS, WITH A TOTAL OF 311 BEDS ADENA SERVES THE NEEDS OF NEARLY 500,000 PEOPLE IN 13 COUNTIES, LIVING IN OHIO'S APPALACHIAN REGION OUR FACILITIES INCLUDE ADENA REGIONAL MEDICAL CENTER A 261-BED INPATIENT HOSPITAL IN CHILLICOTHE, OH FEATURING AN EMERGENCY DEPARTMENT, DIAGNOSTIC AND TREATMENT SERVICES, ADVANCED SURGICAL SUITES, INTENSIVE/CARDIAC CARE, MEDICAL OFFICE BUILDING AND THE ADENA HEALTH PAVILION, WHICH INCLUDES OUTPATIENT SURGERY, PHYSICIAN OFFICES AND THE ADENA SLEEP CENTER IN 2011, ADENA INVESTED $21 MILLION IN THE CONSTRUCTION OF A 35,000 SQUARE-FOOT CANCER CENTER TO PROVIDE PATIENTS WITH ACCESS TO CANCER DIAGNOSIS AND TREATMENT AT A FACILITY NEAR THEIR HOMES THE CANCER CENTER OPENED IN JANUARY 2012 GREENFIELD AREA MEDICAL CENTER AND PIKE HEALTH SERVICES, INC BOTH ARE CRITICAL ACCESS HOSPITALS, EACH WITH A 25-BED INPATIENT FACILITY IN GREENFIELD, OH AND WAVERLY, OH, RESPECTIVELY EACH FEATURES AN EMERGENCY DEPARTMENT, INPATIENT CARE INCLUDING REHABILITATION AND MEDICAL/SURGICAL, DIAGNOSTIC AND TREATMENT SERVICES, AS WELL AS FAMILY PRACTICE AND SPECIALTY PHYSICIANS THESE TWO HOSPITALS DIRECTLY BENEFIT HIGHLAND COUNTY (GREENFIELD AREA MEDICAL CENTER) AND PIKE COUNTY (PIKE HEALTH SERVICES, INC) AS WELL AS SURROUNDING COMMUNITIES ADENA HEALTH CENTERS LOCATED IN CHILLICOTHE AND WITH REGIONAL SITES IN CIRCLEVILLE, JACKSON, OAK HILL, WASHINGTON COURT HOUSE, WAVERLY, HILLSBORO, AND WELLSTON, OH OUR HEALTH CENTERS INCLUDE PHYSICIAN OFFICES, DIAGNOSTIC AND TREATMENT SERVICES, PHYSICAL, OCCUPATION AND SPEECH THERAPIES URGENT CARE SERVICES ARE OFFERED IN CHILLICOTHE, WAVERLY, AND HILLSBORO ADENA HOME CARE AND HOSPICE PROVIDES HIGHLY PERSONALIZED, QUALITY CARE TO PATIENTS OF FOUR SERVICE LINES -- HOME HEALTH, HOSPICE, HOME RESPIRATORY AND HOME INFUSION ADENA REHABILITATION AND WELLNESS CENTER PROVIDES PHYSICAL, OCCUPATIONAL, MASSAGE AND INDUSTRIAL REHABILITATION, AS WELL AS ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, VESTIBULAR, FIBROMYALGIA AND CHRONIC PAIN PROGRAMS, AS WELL AS INDUSTRIAL AND SPECIALIZED HAND PROGRAMS ADENA COUNSELING CENTER PROVIDES A WIDE RANGE OF OUTPATIENT COUNSELING SERVICES, INCLUDING GROUP, INDIVIDUAL AND FAMILY COUNSELING A VARIETY OF SUPPORT GROUPS ALSO MEET AT THE CENTER OFF-CAMPUS PHYSICIAN OFFICES A NUMBER OF PHYSICIAN OFFICES ARE LOCATED THROUGHOUT THE REGION SERVED BY ADENA THESE INCLUDE OFFICES FOR FAMILY PHYSICIANS, ENDOCRINOLOGISTS, GERONTOLOGISTS AND UROLOGISTS TELEMEDICINE IN 2011, THE HEALTH SYSTEM CONTINUED ITS AFFILIATION WITH THE SOUTHERN OHIO HEALTH CARE NETWORK (SOHCN), A COLLABORATION OF THE REGION'S THREE LARGEST HEALTHCARE PROVIDERS THIS PARTNERSHIP HAS RESULTED IN THE CONSTRUCTION OF AN EXPANSIVE FIBER OPTIC BROADBAND TELECOMMUNICATIONS NETWORK TO SERVE THE HEALTHCARE AND EDUCATIONAL NEEDS OF PEOPLE LIVING IN OHIO'S APPALACHIAN REGION THROUGH THIS TECHNOLOGY, TELEMEDICINE IS ENABLING PATIENTS TO BE ON ADENA'S CAMPUS, BUT TREATED BY PHYSICIANS OUTSIDE THE REGION ADENA HAS TELEMEDICINE RELATIONSHIPS WITH OHIO STATE UNIVERSITY MEDICAL CENTER, RIVERSIDE METHODIST HOSPITAL, AND NATIONWIDE CHILDREN'S HOSPITAL IN COLUMBUS

Additional Data

Software ID:

Software Version:

EIN: 31-4379443

Name: ADENA HEALTH SYSTEM

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ADENA REGIONAL MEDICAL CENTER 272 HOSPITAL RD CHILLICOTHE, OH 45601 WWW ADENA ORG ST REG NUM 1029	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	
ADENA REGIONAL MEDICAL CENTER	Part V, Section B, Line 6b THE CHNA FOR ADENA REGIONAL MEDICAL CENTER WAS CONDUCTED IN CO LLABORATION WITH THE FOLLOWING ORGANIZATIONS ADENA HEALTH SYSTEM, CHILLICOTHE CITY SCHOOL S, CHILLICOTHE GAZETTE, HOPE CLINIC OF ROSS COUNTY, HOPEWELL HEALTH CENTER, OHIO DEPARTMEN T OF JOB AND FAMILY SERVICES, OHIO STATE UNIVERSITY EXTENSION, OHIO UNIVERSITY CHILLCOTHE, PACCAR, PAINT VALLEY ADAMH BOARD, RECOVERY COUNCIL, ROSS COUNTY CHILD PROTECTION CENTER, ROSS COUNTY HEALTH DISTRICT, ROSS COUNTY YMCA, SCIOTO PAINT VALLEY MENTAL HEALTH CENTER, U NION-SCIOTO SCHOOL DISTRICT, UNITED WAY OF ROSS COUNTY, AND VETERANS ADMINISTRATION HOSPIT AL
ADENA REGIONAL MEDICAL CENTER	Part V, Section B, Line 7d HARD COPIES OF THE CHNA REPORT WERE PRINTED AND SENT TO COMMUNITY LEADERS AND AGENCIES
ADENA REGIONAL MEDICAL CENTER	Part V, Section B, Line 11 OBESITY-EMPLOYEE HEALTH INITIATIVES IN 2016, AHS CONTINUED IT S INTERNAL EFFORTS AROUND EMPLOYEE HEALTH AND WELLNESS BY EXPANDING AND IMPLEMENTING EVIDE NCE-BASED HEALTH AND WELLNESS PROGRAMMING BUILT ON THREE DIFFERENT PILLARS MOVEMENT, NUTRI TION AND WELL-BEING SOME PROGRAMMING WAS ALSO EXPANDED INTO THE GREATER ROSS COUNTY COMMU NITY THE TEAM CONTINUED THE CAMPUS BASED WALKING PROGRAM, WEIGHT WATCHERS AT WORK, ADENA F IT, AND STRESS MANAGEMENT CLASSES THE COMMUNICATION PLAN DEVELOPED IN 2014 WAS CONTINUED, REPRESENTATIVES FROM THE ORGANIZATION'S HEALTH & WELLNESS COMMITTEE ROUNDED TO DEPARTMENT AL MEETINGS THE MOVE MORE CHALLENGE WAS KICKED OFF AGAIN IN MAY OF 2016 WITH MORE THAN 50 0 ADENA EMPLOYEES PARTICIPATING IMPROVEMENT OF HEALTHIER OPTIONS IN THE ADENA REGIONAL MED ICAL CENTER CAFETERIA WAS ALSO CONTINUED THE OVERALL FRUIT AND VEGETABLE CONSUMPTION CONT INUED TO INCREASE AND HEALTHIER OPTIONS WERE ADDED TO THE MENU ALL OF THE HEALTH & WELLNE SS PROGRAMMING AGAIN ENGAGED MORE THAN 35% OF THE TOTAL EMPLOYEE POPULATION THROUGH THESE INITIATIVES IN 2016 OBESITY-COMMUNITY PROGRAMMING AHS COMMUNITY HEALTH ADVANCEMENT CONTIN UED COLLABORATION WITH MORE THAN A DOZEN OF COMMUNITY PARTNERS TO COORDINATE AND DELIVER C OMMUNITY PROGRAMS AIMED AT PROMOTING MOVEMENT AND NUTRITION PROGRAMS INCLUDED SPONSORSHIP AND PARTICIPATION IN THE HEALTHY KIDS' EVENT AT THE ROSS COUNTY FAIR WITH CHILLICOTHE GAZ ETTE, HEALTHY START FOR KIDS, YMCA AND ROSS COUNTY PUBLIC LIBRARY SPONSORSHIP OF THE ROSS COUNTY PUBLIC LIBRARY'S HEALTHY KIDS PORTION OF THE BOOKWORM PROGRAM THE MOVE MORE CHALL ENGE WALK WITH A DOC PROGRAMOBESITY-REGIONAL INITIATIVES THE COMMUNITY HEALTH FOCUS AND ME SSAGE, "MOVE MORE, EAT WELL" WAS FINALIZED AND IMPLEMENTED IN 2015 AND CONTINUED DURING 20 16 BANNERS FOR MORE THAN 35 COMMUNITY AND REGIONAL EVENTS (COUNTY FAIRS, FESTIVALS, SENIO R HEALTH FAIRS, EMPLOYEE HEALTH FAIRS AND HEALTH EXPOS) WERE DISPLAYED THROUGHOUT SIX COUN TIES (FAYETTE, ROSS, HIGHLAND, PIKE, JACKSON, AND PICKAWAY) AS WELL BROCHURES AND EDUCATIO NAL INFORMATION ON PHYSICAL ACTIVITY AND NUTRITION WERE DISTRIBUTED A SOCIAL MEDIA CAMPAI GN ON THE BENEFITS TO PROPER NUTRITION AND FITNESS WERE ALSO POSTED ON FACEBOOK THROUGHOUT THE YEAR THERE WERE ALSO THREE ONE HOUR RADIO PROGRAMS FEATURING ADENA PHYSICIANS AND RE PRESENTATIVES FOCUSED ON HEALTHY LIFESTYLE CHOICES INCLUDING MOVEMENT AND NUTRITION MENTA L & BEHAVIORAL HEALTH-ADVOCACY AHS CONTINUED ITS SUPPORT OF MULTIPLE COMMUNITY PARTNERS IN 2016 TO ADVOCATE FOR EXPANDED ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES ONE PHYSIC IAN, ONE COMMUNITY HEALTH REPRESENTATIVE AND ONE SOCIAL WORKER PARTICIPATED ON THE ROSS CO UNTY HEROIN PARTNERSHIP ADVISORY COUNCIL AND ASSISTED WITH FACILITATING AND DEVELOPING A C OMMUNITY-WIDE STRATEGIC PLAN AROUND THE HEROIN EPIDEMIC AHS CONTINUED DELIVERY OF PRENATA L CARE TO HIGH-RISK PREGNANT WOMEN, INCLUDING THOSE WITH ADDICTION ISSUES USING A CENTERIN GPREGNANCY MODEL AT THE ADENA REGIONAL MEDICAL CENTER CAMPUS ANOTHER 150 WOMEN WERE SERVE D IN 2016 WITH THOSE PARTICIPATING IN THE PROGRAM ACHIEVING BETTER BIRTH OUTCOMES OVERALL THAN THOSE WHO OPTED NOT TO PARTICIPATE REIMBURSEMENT FROM OHIO MEDICAID CONTINUED FOR TH IS PROGRAM IN 2016 THE AHS DIRECTOR OF COMMUNITY HEALTH ADVANCEMENT CONTINUED PARTICIPATIN G IN THE SOUTHEAST OHIO MEDICAID EXPANSION COMMITTEE, AROUND EFFORTS TO EXPAND MEDICAID CO VERAGE TO THE REGION'S RESIDENTS THIS GROUP ALSO INFORMS STATE GOVERNMENT ON THE NEED AND BENEFIT OF AFFORDABLE HEALTH CARE IN SOUTHERN OHIO MENTAL & BEHAVIORAL HEALTH-REFERRAL RE SOURCES AHS CONTINUED TO OPERATE THE REGION'S ONLY ACUTE INPATIENT, PSYCHIATRIC UNIT FOR I NSURED, UNINSURED AND UNDER INSURED PATIENTS IN 2016 AT THE ADENA REGIONAL MEDICAL CENTER AHS WOMEN'S & CHILDREN'S, PRIMARY CARE AND PAIN MANAGEMENT SERVICE LINES MADE REFERRALS F OR PATIENTS NEEDING MENTAL AND BEHAVIORAL HEALTH SERVICES IN ROSS COUNTY TO THE ADENA COUN SELING CENTER, PAINT VALLEY MENTAL HEALTH CENTER, ADENA WOMEN'S AND CHILDREN'S CENTERINGPR EGNANCY PROGRAM, THE ROSS COUNTY HEALTH DEPARTMENT'S VIVITROL PROGRAM MENTAL & BEHAVIORAL HEALTH-CESSATION RESOURCES AHS SERVED MORE THAN 75 WOMEN ADDICTED TO OPIATES AS PART OF IT S BABY CENTERED RECOVERY PROGRAM IN 2016 FROM MULTIPLE COUNTIES, INCLUDING ROSS COUNTY TH E WORK TEAM CONTINUED EFFORTS TOWARDS ACHIEVING CENTERING HEALTHCARE INSTITUTE ACCREDITATI ON, AS WELL AS WORKING ON DEVELOPING RELATIONSHIPS WITH SOBER LIVING AND SUPPORT PROGRAMS SUCH AS STEPPING STONES AND COMPASS COMMUNITY HEALTH TO ASSIST WITH EXPANDING DRUG ADDICTI ON SUPPORT SERVICES, INCLUDING HOUSING, IN ROSS COUNTY MENTAL & BEHAVIORAL HEALTH-SCREENI NG IN 2016, AHS CONTINUED ITS SCREENING POLICY TO IDENTIFY POSSIBLE MENTAL AND BEHAVIORAL ISSUES WITH PATIENTS PRESENTING IN THE EMERGENCY ROOMS OF ADENA HEALTH SYSTEM HOSPITALS SM OKING-CESSATION RESOURCES THE ADENA QUIT CLINIC CONTINUED WITH PACCAR/KENWORTH TRUCKING CO MPANY IN 2016 ANOTHER 35 PARTICIPANTS WERE SERVED AS PART OF THE PROGRAM THAT UTILIZES PH ARMACISTS, TRAINED IN THE US PUBLIC HEALTH SERVICES' 5 A'S METHODOLOGY, TO ASSIST TOBACCO USERS IN CESSATION THE PROGRAM WAS EXPANDED TO ADENA EMPLOYEES IN 2016 SMOKING-SCREENING AHS CANCER CENTER PROVIDED FREE LUNCH CANCER SCREENINGS FOR OVER 700 PATIENTS FROM MULTIP LE COUNTIES INCLUDING ROSS COUNTY IN 2016, WITH MULTIPLE TYPES OF CANCER AND HEART RELATED ISSUES BEING DETECTED EARLY ADDITIONAL INITIATIVES AND RESOURCES UNINTENTIONAL INJURIESIN 2016, ADENA HEALTH SYSTEM AT THE ADENA REGIONAL MEDICAL CENTER TOOK OVER OPERATION OF THE ROSS COUNTY SAFE COMMUNITIES PROGRAM FROM THE ROSS COUNTY HEALTH DISTRICT TWO ADENA EMPL OYEES COORDINATE THE PROGRAM WHERE OUTREACH AT LOCAL COMMUNITY EVENTS AND A SOCIAL MEDIA C AMPAIGN PROMOTE A VARIETY OF ROAD SAFETY ISSUES, INCLUDING 1) SEAT BELT USAGE 2) SOBER DRIVING 3) DISTRACTED DRIVING AND 4) MOTORCYCLE AWARENESS THE TEAM ATTENDED MORE THAN A DOZEN ROSS COUNTY EVENTS, INCLUDING HIGH SCHOOL FOOTBALL GAMES, FAIRS, AND FESTIVALS TO P ROMOTE SAFE DRIVING THE PRIMARY CAUSE OF UNINTENTIONAL INJURIES IN ROSS COUNTY IN 2016 BE CAME DRUG OVERDOSE DEATHS SURPASSING AUTOMOTIVE ACCIDENTS AHS/AGMC AVERAGED MORE THAN 3 O VERDOSES PER MONTH IN ITS EMERGENCY DEPARTMENT WHERE NARCAN WAS PROVIDED IN ADDITION, THE ED ADDED INFORMATION PACKETS TO BE PROVIDED TO INDIVIDUALS AND FAMILIES WITH ADDICTION IS SUES CONTAINING RESOURCES FOR TREATMENT AND SUPPORT ADENA FAMILY MEDICINE-RESIDENCY CLINI C THE ADENA FAMILY MEDICINE - RESIDENCY CLINIC OPERATED A HOSPITAL CLINIC IN 2016 PROVIDIN G AFFORDABLE, QUALITY HEALTH CARE THE CLINIC PAIRED ACCESSIBLE PRIMARY CARE MEDICAL SERVI CES PROVIDED BY PHYSICIAN INTERNS AND RESIDENTS OF ADENA'S GRADUATE MEDICAL EDUCATION PROG RAM, FAMILY AND INTERNAL MEDICINE PRECEPTORS AND A CERTIFIED NURSE PRACTITIONER ALSO PROVI DING SERVICES TO PATIENTS IN THE CLINIC A TOTAL OF 1,437 PATIENTS, MOSTLY FROM SEVEN COUN TIES (ROSS, FAYETTE, VINTON, PICKAWAY, PIKE, HIGHLAND AND JACKSON) MADE A TOTAL OF 4,022 V ISITS TO THE RESIDENCY CLINIC IN 2016 ADENA SPORTS MEDICINE-ATHLETIC TRAINING PROGRAMTHE A DENA HEALTH SYSTEM PROVIDED ATHLETIC INJURY PREVENTION, DIAGNOSIS, AND EVALUATION SERVICES TO 10 LOCAL PUBLIC HIGH SCHOOLS WITHIN THE SERVICE REGION COMMUNITY COLLABORATIONS PARTNE RS FOR A HEALTHIER ROSS COUNTYTHE COALITION ENGAGED ANOTHER 19 AGENCIES TO JOIN THE COALIT ION WHICH BEGAN PLANNING FOR ROSS COUNTY'S FIRST COLLABORATIVE COMMUNITY HEALTH NEEDS ASSE SSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) HOPE CLINICTHIS CLINIC PROVIDES FREE MEDICAL CARE TO THOSE WITHOUT HEALTH INSURANCE COVERAGE, INCLUDING MEDICAL, DENTAL AND VIS ION CARE GREATER CHILLICOTHE-ROSS STEERING COMMITTEEIN 2016, ADENA HEALTH SYSTEM COLLABORA TED WITH THE ROSS COUNTY CHAMBER OF COMMERCE TO COORDINATE AND CONVENE A COMMUNITY STEERIN G COMMITTEE FOCUSED ON CREATING A COMMUNITY DEVELOPMENT PLAN FOR ROSS COUNTY A TOTAL OF 1 2 LOCAL GOVERNMENT, CIVIC AND BUSINESS LEADERS CONVENED TO IDENTIFY STRATEGIC PRIORITIES F OR THE COMMUNITY AND ASSIST IN ALLOCATING RESOURCES TO SUPPORT INITIATIVES BUILT AROUND TH ESE STRATEGIC PRIORITIES
ADENA REGIONAL MEDICAL CENTER	Part V, Section B, Line 16j www adena org/files/resources/adenafinaidformfinal pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
ADENA REGIONAL MEDICAL CENTER	
ADENA REGIONAL MEDICAL CENTER	Part V, Section B, Line 23 IN 2016, PATIENTS WOULD CALL IN AND REQUEST THE AGB AT WHICH P OINT IT WOULD BE APPLIED AS A RESULT, A SERIES OF PATIENTS WERE CHARGED MORE THAN THE AMO UNTS GENERALLY BILLED THIS IS A PROCESS THAT HAS SINCE BEEN CORRECTED, APPLYING THE AGB T O ALL PATIENTS ELIGIBLE UNDER THE FAP MEASURES ARE NOW BEING TAKEN TO APPLY REFUNDS TO AN Y PATIENTS WHO HAVE BEEN ADVERSELY AFFECTED
PART V, SECTION B, LINE 20A	A PLAIN LANGUAGE SUMMARY OF THE FAP IS NOT CURRENTLY ATTACHED, HOWEVER, THIS WILL BE COMPLETED BY NOVEMBER 15, 2017

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	1 - ADENA HEALTH PAVILION 4437 STATE ROUTE 159 CHILLICOTHE, OH 45601	PHYSICIAN OFFICES, OUTPATIENT SURGERY CENTER
1	2 - ADENA MEDICAL OFFICE BUILDING 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
2	3 - ADENA HEALTH CENTER - WAVERLY 12340 STATE ROUTE 104 WAVERLY, OH 45690	AMBULATORY CARE CENTER
3	4 - ADENA URGENT CARE 55 CENTENNIAL BLVD CHILLICOTHE, OH 45601	AMBULATORY CARE CENTER
4	5 - ADENA HOME CARE SERVICES 111 W WATER STREET CHILLICOTHE, OH 45601	HOME HEALTH CARE AND HOSPICE
5	6 - ADENA HEALTH CENTER - JACKSON 1000 VETERANS DRIVE JACKSON, OH 45640	AMBULATORY CARE CENTER
6	7 - ADENA REHABILITATION AND WELLNESS CENTER 445 SHAWNEE LANE CHILLICOTHE, OH 45601	OUTPATIENT REHABILITATION CENTER
7	8 - ADENA FAMILY MEDICINE - OAK HILL 315 WASHINGTON STREET OAK HILL, OH 45656	PHYSICIAN OFFICES
8	9 - ADENA PICKAWAY-ROSS FAMILY PHYSICIANS 100 N WALNUT STREET CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
9	10 - ADENA FAMILY MEDICINE - CIRCLEVILLE 798 N COURT STREET CIRCLEVILLE, OH 43113	PHYSICIAN OFFICES
10	11 - ADENA COUNSELING CENTER 445 SHAWNEE LANE CHILLICOTHE, OH 45601	MENTAL HEALTH COUNSELING
11	12 - ADENA FAMILY MEDICINE OF CHILLICOTHE 626 CENTRAL CENTER CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
12	13 - ADENA ROSS UROLOGY 8 MEDICAL DRIVE CHILLICOTHE, OH 45601	PHYSICIAN OFFICES
13	14 - ADENA FAMILY MEDICINE - GREENFIELD 536 MIRABEAU STREET GREENFIELD, OH 45123	PHYSICIAN OFFICES
14	15 - ADENA FAMILY MEDICINE - WASHINGTON CH 308 HIGHLAND AVENUE SUITE C WASHINGTON COURT HOU, OH 43160	PHYSICIAN OFFICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
16	16 - ADENA FAMILY MEDICINE - WELLSTON 118 SOUTH NEW YORK AVE SUITE A WELLSTON, OH 45692	NURSE PRACTITIONER CLINIC
1	17 - ADENA FAMILY MEDICINE - HILLSBORO 160 ROBERTS LANE HILLSBORO, OH 45133	URGENT CARE AND FAMILY PRACTICE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	DECISIONS TO DONATE TO COMMUNITY PROJECTS ARE BROUGHT TO CEO FOR APPROVAL FROM MEMBERS OF SENIOR LEADERSHIP AND/OR THE STRATEGY DEPARTMENT FOR EACH GRANT THERE IS AN AGREEMENT SIGNED BY ADENA AND THE ORGANIZATION RECEIVING THE DONATION THAT CONFIRMS FUNDS ARE BEING USED FOR THE INTENDED PURPOSE A BLANKET AMOUNT IS BUDGETED FOR THE FISCAL YEAR AND CONSIDERED AS EACH REQUEST IS MADE

Additional Data

Software ID:
Software Version:
EIN: 31-4379443
Name: ADENA HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD CHILLICOTHE, OH 45601	75-3008742	501(C)(3)	466,974				PAYMENT OF ORGANIZATION EXPENSES
CHILLICOTHE CAVALIER CLUB 2710 S BRIDGE ST CHILLICOTHE, OH 45601	31-1324783	501(C)(3)	15,000				SCOREBOARD INSTALLMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY ROSS COUNTY 69 E WATER ST CHILLICOTHE, OH 45601	31-4389671	501(C)(3)	20,000				RELAY FOR LIFE
MIGHTY CHILDRENS MUSEUM PO BOX 503 CHILLICOTHE, OH 45601	47-3052995	501(C)(3)	21,000				RAISING FUNDS TO BUILD A CHILDREN'S MUSEUM TO ENCOURAGE LEARNING AND CREATIV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROSS COUNTY AGRICULTURAL SOCIETY 207 S QUARRY BAINBRIDGE, OH 45612	31-6050864	501(C)(3)	6,500				FREE RIDE DAY AT THE ROSS COUNTY FAIR AND STAGE FOR HEALTHY KIDS EVENT
LITTLE BLESSINGS INC 5095 DRY RUN RD CHILLICOTHE, OH 45601	81-1865841	501(C)(3)	5,000				TO KNIT HATS FOR NEWBORNS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION 104 MCGUFFEY HALL ATHENS, OH 45701	31-6402113	501(C)(3)	10,000				CAPITAL CAMPAIGN FOR OHIO UNIVERSITY-CHILLICOTHE
ROSS COUNTY CHILD PROTECTION CENTER 138 MARIETTA RD CHILLICOTHE, OH 45601	31-1579825	501(C)(3)	17,603				ADVOCATES FOR CHILDREN OF ABUSE AND NEGLECT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	ADENA HEALTH SYSTEM PROVIDES FOR A MEMBERSHIP TO THE LOCAL COUNTRY CLUB FOR ALL OFFICERS AND KEY EMPLOYEES THIS BENEFIT IS GROSSED UP AND TAXED AND RECEIVED BY FOUR OF THE OFFICERS AND KEY EMPLOYEES ADENA HEALTH SYSTEM PROVIDED A HOUSING ALLOWANCE TO ROBERT ROSENBERGER FOR TEN MONTHS IN THE AMOUNT OF $9,500 THIS BENEFIT HAS NOT BEEN TREATED AS TAXABLE COMPENSATION
Part I, Line 4a	MARK SHUTER RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF $72,692 ERIC PERDUE RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF $178,198

Additional Data

Software ID:
Software Version:
EIN: 31-4379443
Name: ADENA HEALTH SYSTEM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1WILBUR SEVER JAN-SEPT TRUSTEE/EMPLOYED M D	(I)	672,779	0	26,906	0	29,821	729,506	0
	(II)	0	0	0	0	0	0	0
1HAVAL SAADLLA JAN-SEPT TRUSTEE	(I)	1,109,058	42,153	10,110	0	30,331	1,191,652	0
	(II)	0	0	0	0	0	0	0
2 WILLIAM STRAUCH SEPT-DEC TRUSTEE	(I)	502,600	2,015	8,766	0	28,299	541,680	0
	(II)	0	0	0	0	0	0	0
3 REGGINA YANDILA SEPT-DEC TRUSTEE	(I)	224,022	32,625	8,056	0	29,387	294,090	0
	(II)	0	0	0	0	0	0	0
4ROBERT ROSENBERGER CHIEF FINANCIAL OFFICER (JAN-OCT)	(I)	338,255	0	29,902	9,811	27,982	405,950	0
	(II)	0	0	0	0	0	0	0
5MARK SHUTER CHIEF EXECUTIVE OFFICER (JAN-OCT)	(I)	552,477	0	257,718	7,950	23,805	841,950	0
	(II)	0	0	0	0	0	0	0
6JAY JUSTICE INTERIM CHRO (FEB-OCT)	(I)	229,508	0	0	346	2,806	232,660	0
	(II)	0	0	0	0	0	0	0
7JOHN FORTNEY INTERIM CEO	(I)	399,200	0	39,934	7,950	22,451	469,535	0
	(II)	0	0	0	0	0	0	0
8ERIC CECAVA CHIEF OPERATING OFFICER	(I)	365,003	0	24,004	6,105	24,866	419,978	0
	(II)	0	0	0	0	0	0	0
9MARTHA LIVINGSTON CHIEF BUSINESS DEVLOPMENT	(I)	248,985	100	18,668	7,247	15,749	290,749	0
	(II)	0	0	0	0	0	0	0
10ERIC PERDUE CHIEF HUMAN RESOURCES	(I)	22,811	0	198,265	449	83	221,608	0
	(II)	0	0	0	0	0	0	0
11TIM CAHILL GENERAL COUNSEL	(I)	269,952	0	17,390	6,432	33,873	327,647	0
	(II)	0	0	0	0	0	0	0
12BRIAN COHEN EMPLOYED M D	(I)	2,797,583	500	28,110	0	29,831	2,856,024	0
	(II)	0	0	0	0	0	0	0
13THOMAS LEWIS EMPLOYED M D	(I)	843,700	0	9,066	0	30,333	883,099	0
	(II)	0	0	0	0	0	0	0
14NEIL GHANY EMPLOYED M D	(I)	903,178	500	28,110	0	34,989	966,777	0
	(II)	0	0	0	0	0	0	0
15JAMES MANAZER EMPLOYED M D	(I)	865,481	8,365	26,865	0	30,031	930,742	0
	(II)	0	0	0	0	0	0	0
16KELLY GALLINA EMPLOYED M D	(I)	844,803	0	0	0	12,178	856,981	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF ROSS OHIO	31-6400085	778260EX3	09-17-2008	141,346,983	CURRENT REFUNDING OF 2001 AND 2006 ISSUES		X		X		X
B	COUNTY OF ROSS OHIO	31-6400085		09-15-2010	29,985,000	INFUSION CENTER AND INTERVENTIONAL RADIOLOGY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,395,000	4,132,640		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	196,860,219	30,087,491		
4	Gross proceeds in reserve funds	10,920,528			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,366,439	411,604		
8	Credit enhancement from proceeds	487,668			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	184,085,584	29,675,887		
12	Other unspent proceeds				
13	Year of substantial completion	2010	2012		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 700 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %		0 700 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b	Name of provider	BAYERISCHE LANDESBANK							
c	Term of GIC	300 0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name COUNTY OF ROSS OHIO Date the Rebate Computation was Performed 01/01/2013

Return Reference	Explanation
SCHEDULE K, PART II, LINE 6	2001 AND 2006 ISSUES WERE REFUNDED ON OCTOBER 29, 2008 INCLUDED $116,560,000 OF PRINCIPAL AND $149,427 OF INTEREST THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	$11,750,000 OF ISSUE WAS USED TO PAY OFF QUALIFIED HEDGED RELATED TO THE 2001 AND 2006 BONDS THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
SCHEDULE K, PART III, LINE 2	ADENA HEALTH SYSTEM LEASES APPROXIMATELY 300 SQUARE FEET TO A FOR PROFIT COMPANY THAT OPERATES A COFFEE KIOSK THIS IS CONSIDERED DEMINIMUS SPACE AND SO 0% WAS PUT IN LINE 4 OF PART III THIS IS FOR THE 2008 ISSUE THE LEASE CEASED IN FALL OF 2012

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4A	PROCEEDS INVESTED IN GIC FROM 2006 ISSUE - UNUSED PORTION TRANSFERS TO 2008 ISSUE THE GIC MATURED IN JULY 2009, THIS WAS 36 MONTHS AFTER THE DATE OF ISSUE THIS IS FOR THE 2008 ISSUE

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE DATE THE LAST REBATE COMPUTATION WAS PERFORMED IS OCTOBER 31, 2013

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) JOHN FORTNEY	PHYSICIAN	STUDENT LOANS		X	11,214	8,989		No	Yes		Yes	
Total				▶ $		8,989						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBIN BERNO	SPOUSE OF DIRECTOR JACK BERNO	124,888	EMPLOYEE COMPENSATION		No
(2) JENNIFER WHITE	DAUGHTER-IN-LAW OF BOARD DIRECTOR TOM WHITE	100,720	EMPLOYEE COMPENSATION		No
(3) JENNIFER STRICKLAND	RELATIVE OF CHAIR DAVID STRICKLAND	30,614	EMPLOYEE COMPENSATION		No
(4) MICHELLE PERDUE	SPOUSE OF KEY EMPLOYEE ERIC PERDUE	69,766	EMPLOYEE COMPENSATION		No
(5) TARA D'ANTONI	DAUGHTER-IN-LAW OF BOARD DIRECTOR RALPH D'ANTONI	25,059	EMPLOYEE COMPENSATION		No
(6) MARIA SMITH	SISTER OF BOARD DIRECTOR JOE WATSON	110,302	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	ADENA HEALTH SYSTEM PAID AN EXECUTIVE CONSULTING SERVICES FIRM, TATUM, FOR CFO DUTIES LIS A CARLSON WAS PAID $56,100 FROM TATUM FOR HER ROLE AS CHIEF FINANCIAL OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE ORGANIZATION IS COMPOSED OF 9 MEMBER CHURCHES ALL OF THE CHURCHES ARE IN THE CHILLICO THE, OHIO AREA 1 FIRST PRESBYTERIAN CHURCH 2 SALEM COMMUNITY CHURCH 3 ORCHARD HILL UNI TED CHURCH OF CHRIST 4 TABERNACLE BAPTIST CHURCH 5 ST MARY'S CATHOLIC CHURCH 6 TRINITY UNITED METHODIST CHURCH 7 ST PAUL'S EPISCOPAL CHURCH 8 WALNUT STREET UNITED METHODIST CHURCH 9 ST PETER'S CATHOLIC CHURCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE CORPORATE MEMBER CHURCHES MAY ONLY ELECT ONE PERSON PER CHURCH TO ACT AS THEIR TRUSTEE THE TRUSTEES AT LARGE GET APPOINTED AS FOLLOWS SECTION 3 03 OF THE CODE OF REGULATIONS OF AHS - "THE BOARD SHALL ELECT SIX (6) AT-LARGE TRUSTEE POSITIONS TWO OF THESE POSITIONS SHALL BE FILLED WITH PHYSICIANS WHO ARE MEMBERS OF THE ACTIVE MEDICAL STAFF RECOMMENDED B Y THE MEDICAL STAFF IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS WHEN A VACANCY OCCURS AMO NG THE FOUR (4) AT LARGE TRUSTEES, WITH THE EXCEPTION OF MEMBERS ELIGIBLE FOR REAPPOINTMEN T, THE TRUSTEE COMMITTEE SHALL NOMINATE TO THE BOARD A CANDIDATE FOR THE VACANT POSITION "

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	SECTION 2 04 RIGHTS OF THE CORPORATE MEMBERS (A) THE RIGHT TO ELECT NINE TRUSTEES OF THE CORPORATION AS SPECIFIED IN THESE BYLAWS (B) THE RIGHT TO APPROVE ANY LEASE, SALE EXCHANG E, TRANSFER, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORA TION (C) THE RIGHT TO APPROVE ANY PROPOSED MERGER OR CONSOLIDATION OF THE CORPORATION (D) THE RIGHT TO APPROVE ANY PROPOSED DISSOLUTION OF THE CORPORATION (E) THE RIGHT TO APPRO VE ANY PROPOSED CHANGE TO THE FUNDAMENTAL PURPOSE OF THE CORPORATION AS STATED IN SECTION 1 01 (F) THE RIGHT TO APPROVE ANY PROPOSED AMENDMENTS TO THE CODE OF REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE 990 WAS REVIEWED AT A BOARD MEETING, AND COPIES OF THE FORM 990 WERE PROVIDED TO THE B OD MEMBERS ADDITIONALLY, COPIES OF THE 990 WERE MADE AVAILABLE ON THE HOSPITAL'S BOARD PO RTAL AND IN ADMINISTRATION OFFICE UNTIL THE NOVEMBER 15 FILING DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE CORPORATE COMPLIANCE OFFICE OF ADENA HEALTH SYSTEM ANNUALLY COORDINATES THE DISTRIBUTI ON AND RETURN OF THE CONFLICT OF INTEREST STATEMENTS ALL CONFLICTS ARE REVIEWED, AND THE CORPORATE COMPLIANCE OFFICE IS RESPONSIBLE FOR REVIEWING THE RESPONSES AND COMMUNICATING A NY EXTRA STEPS THAT NEED TO TAKE PLACE REGARDING ANY OF THE RESPONSES AT EVERY BOARD MEET ING AND COMMITTEE OF THE BOARD, THE AGENDA ITEM OF CONFLICT OF INTEREST IS INCLUDED AND CA LLED OUT CONFLICTED BOARD MEMBERS ABSTAIN FROM VOTING ON THE PARTICULAR ITEMS ANY MEMBER ABSTAINING FROM VOTING IS DOCUMENTED IN THE MINUTES FRONT LINE SUPERVISORS UP THROUGH TH E CEO, ADVANCED PRACTICE CLINICIANS, AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTE REST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RETAINS MERCER, AN INDEPENDENT COMPENSATION CONSULTANT, TO EVALUATE THE TOTAL COMPENSATION FOR ALL DISQUALIFIED PERSONS MERCER UTILIZES THE COMPENSATION PHILOSOPHY TO CONDUCT THE EVALUATION EACH POSITION IS COMPARED TO PEER DATA OF ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY THE DATA ANALYSIS COVERS CASH COMPENSATION (BASE SALARY), TOTAL CASH COMPENSATION (BASE SALARY AND INCENTIVES, BOTH PAID AND OPPORTUNITY), AND TOTAL COMPENSATION (BASE SALARY, INCENTIVES AND ALL BENEFITS) THE EXECUTIVE COMPENSATION COMMITTEE MEETS WITH MERCER REGULARLY TO REVIEW AND MONITOR ALL TOTAL COMPENSATION FOR THE DISQUALIFIED PERSONS COMPENSATION WAS LAST REVIEWED IN 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION PREPARES AN ANNUAL REPORT TO THE PUBLIC WHICH INCLUDES ITS STATEMENT OF R EVENUES AND EXPENSES ADDITIONALLY, ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLIC Y IS AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR ORG AS PA RT OF THE ANNUAL FORM 990 FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	MEDICAL PROFESSIONAL FEES Program service expenses 2,602,483 Management and general expe nses -555,697 Fundraising expenses 0 Total expenses 2,046,786 PURCHASED SERVICES Progr am service expenses 34,732,495 Management and general expenses 8,289,402 Fundraising exp enses 0 Total expenses 43,021,897 FACILITY MAINTENANCE Program service expenses 17,540, 857 Management and general expenses 839,952 Fundraising expenses 0 Total expenses 18,38 0,809

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS (TO) FROM AFFILIATED ORGANIZATION -8,713,894 PENSION RELATED CHANGES OTHER THAN NET PERIODIC COSTS 1,913,600 Intercompany receipts eliminated in consolidation 54,237 C OURT DIALYSIS K-1 ACTIVITY - BOOK TO TAX DIFFERENCE 674 TEMPORARILY RESTRICTED EXPENDITUR ES -111,671 NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASE OF CAPITAL ASSETS 2,266,858 CONTRIBUTIONS RECLASSED OUT OF NET ASSETS -444,744

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE AUDIT COMMITTEE ENGAGES THE INDEPENDENT AUDIT FIRM FOR THE AUDIT, REVIEWS RESULTS, AND REPORTS TO THE BOARD ADENA HEALTH SYSTEM'S BOARD OF DIRECTORS OVERSEES THE AUDIT PROCESS AND APPROVES THE INDEPENDENT AUDIT FIRM ADENA HEALTH FOUNDATION IS PART OF ADENA HEALTH SYSTEM'S CONSOLIDATED AUDIT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADENA HEALTH SYSTEM

Employer identification number
31-4379443

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADENA MEDICAL GROUP LLC DEPT L637 COLUMBUS, OH 43260 27-1370967	HEALTHCARE PROVIDERS	OH	65,313,939	5,523,640	ADENA HEALTH SYSTEM
(2) ADENA HOSPICE LLC 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-5340755	HEALTHCARE PROVIDERS	OH	2,022,574	261,040	ADENA HEALTH SYSTEM
(3) ADENA HOME HEALTH 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752730	HEALTHCARE PROVIDERS	OH	3,000,904	288,558	ADENA HEALTH SYSTEM
(4) ADENA HOME INFUSIONHOME RESPIRATORY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 27-3752854	HEALTHCARE PROVIDERS	OH	2,133,126	940,773	ADENA HEALTH SYSTEM
(5) ADENA PHARMACY 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-1138187	HEALTHCARE PROVIDERS	OH	5,297,469	704,567	ADENA HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)GREENFIELD AREA MEDICAL CENTER 550 MIRABEAU ST GREENFIELD, OH 45123 31-0993422	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	
(2)ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 75-3008742	FUNDRAISING	OH	501(C)(3)	11A	ADENA HEALTH SYSTEM	Yes	
(3)SOUTHERN OHIO HEALTHCARE NETWORK 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 26-1566590	FIBEROPTIC NETWORK GRANTS	OH	501(C)(3)	11A	ADENA HEALTH SYSTEM	Yes	
(4)PIKE HEALTH SERVICES INC 100 DAWN LANE WAVERLY, OH 45690 31-1072406	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)ADENA CARE 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-3980850	SEE SCHEDULE R, PART VII	OH	ADENA HEALTH SYSTEM	C	976,441		100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GREENFIELD AREA MEDICAL CENTER	R	1,318,574	BOOK VALUE
(2)PIKE HEALTH SERVICES	S	250,028	BOOK VALUE
(3)SOUTHERN OHIO HEALTHCARE NETWORK	S	3,869,897	BOOK VALUE
(4)ADENA HEALTH FOUNDATION	R	114,283	BOOK VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART IV, COLUMN (B)	THE PRIMARY ACTIVITY OF ADENA CARE IS TO DEVELOP STRATEGIC RELATIONSHIPS TO THE SERVICE AREAS MAJOR EMPLOYERS THROUGH HEALTH MANAGEMENT AND WELLNESS SERVICES